July 11, 2014

Greenpoint Aerospace, Inc. ATTN: Mark Haggard 5007 Airport Rd. Denton, TX 76207-4505

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

## TXR000081822

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality Permitting and Registration Support Division Registration and Reporting Section, MC129 P.O. Box 13087 Austin, TX 78711-3087 512-239-6413

Sincerely,

Sontina S. Powell
Environmental Protection Specialist
EPA, Region 6
Multimedia Planning and Permitting Division

7/2/14/2

OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office. United State			tes Environmental Protection Agency TITLE C SITE IDENTIFICATION FORM			THE PROTEST	
1.	Reason for Submittal MARK ALL	Reason for Submittal:  ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)  ☐ To provide a Subsequent Notification (to update site identification information for this location)					
	BOX(ES) THAT APPLY	☐ As a component of a First RCR☐ As a component of a Revised F	ation plication (Amendment #	)			
		<ul> <li>As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</li> <li>Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivale LQG regulations)</li> </ul>					
2.	Site EPA ID Number	EPAID Number 11X1 A Q Q Q 0 8 1 1 8 2 2					
3.	Site Name	Name: Greenpoint Aerospace, Inc.					
4.	Site Location	Street Address: 5007 Airport Road				-	
	Information	City, Town, or Village: Denton			County: Denton		
Ĺ	<u>.</u>	State: TX	Country:		Zip Code: 76207 - 45	05	
5.	Site Land Type	Private County Distr	rict Fed	leral Tribal I	Municipal State	Other	
6.	NAICS Code(s) for the Site (at least 5-digit codes)		0	С.			
		B.   8   1   1   4   2	0	D			
7.	Site Mailing	Street or P.O. Box: 5035 Warbird Drive					
	Address	City, Town, or Village: Denton	City, Town, or Village: Denton				
		State: TX	Country:		Zip Code: 76207		
8.		First Name: Mark	MI:	Last: Haggard			
	Person	Title: VP of Operations					
		Street or P.O. Box: 5035 Warbird Drive					
	T T	City, Town or Village: Denton					
		State: TX	Country:		Zip Code: 76207		
		Email: mhaggard@greenpointaero.com					
		Phone: 940-323-8700	Ext	L:	Fax: 940-591-9767		
9.	and Operator of the Site	A. Name of Site's Legal Owner: Greenpoint Aerospace, Inc.			Date Became Owner: Nov, 2013		
		Owner Type: Private County District Federal Tribal Municipal State Other					
		Street or P.O. Box: 5035 Warbird Drive					
		City, Town, or Village: Denton			Phone: 940-591-9767		
		State: TX	Country:		Zip Code: 76207		
	-	B. Name of Site's Operator: Greenpoint Aerospace, Inc.			Date Became Operator: Nov 2013		
		Operator Type: Private County	District	Federal Tribal	Municipal State	Other	

Copy to EPA

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EPA ID Number			OMB#: 2050-0024; Expires 12/31/2014		
10. Type of Regula Mark "Yes" or	ted Waste Activity (at your site) "No" for all <u>current</u> activities (as of t	he date submitting th	e form); complete any additional boxes as instructed.		
A. Hazardous Wa	te Activities; Complete all parts 1-10	0.			
lf	enerator of Hazardous Waste "Yes", mark only one of the followin		Y N S. Transporter of Hazardous Waste If "Yes", mark all that apply.		
a.	LQG: Generates, in any calendar (2,200 lbs./mo.) or more of Generates, in any calendar accumulates at any time, nr lbs./mo) of acute hazardou Generates, in any calendar accumulates at any time, nr (220 lbs./mo) of acute hazar material.	hazardous waste; or month, or nore than 1 kg/mo (2.2 s waste; or month, or nore than 100 kg/mo	a. Transporter  b. Transfer Facility (at your site)  Y  6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.		
b.	SQG: 100 to 1,000 kg/mo (220 – acute hazardous waste.	2,200 lbs./mo) of non-	Y N 7. Recycler of Hazardous Waste		
	CESQG: Less than 100 kg/mo (220 hazardous waste.  , indicate other generator activities i		Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption		
Y N 2. Sho	rt-Term Generator (generate from a sl nt and not from on-going processes). If anation in the Comments section.	hort-term or one-time	b. Smelting, Melting, and Refining Furnace Exemption		
Y N 🗸 3. Un	ted States Importer of Hazardous W	aste	Y 9. Underground Injection Control		
Y N 4. Mix	ed Waste (hazardous and radioactive	e) Generator	Y N. Receives Hazardous Waste from Offsite		
B. Universal Wast	Activities; Complete all parts 1-2.		C. Used Oil Activities; Complete all parts 1-4.		
Y V N 1.	Large Quantity Handler of Universal accumulate 5,000 kg or more) [refer regulations to determine what is reg types of universal waste managed a mark all that apply.	to your State Julated]. Indicate	Y N 1. Used Oil Transporter If "Yes", mark all that apply.  a. Transporter  b. Transfer Facility (at your site)		
	a. Batteries		Y N 2. Used Oil Processor and/or Re-refiner		
	b. Pesticides		If "Yes", mark all that apply.		
	c. Mercury containing equipment		a. Processor		
	d. Lamps		b. Re-refiner		
	e. Other (specify) Paint		Y N 3. Off-Specification Used Oil Burner		
	f. Other (specify)		YN 4. Used Oil Fuel Marketer		
<u> </u>	Destination Facility for Universal Wa Note: A hazardous waste permit may activity.	aste be required for this	If "Yes", mark all that apply.  a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications		

LI AID NO					DMB#: 2050-0024; Expir		
D. Eligible wastes	Academic Entities pursuant to 40 CF	s with Laboratories R Part 262 Subpart	—Notification for op K	ting Into or withdraw	ing from managing labora	itory hazardous	
* Y	ou can <b>ONLY</b> Opt in					•	
	you are at least on agreement with a o a college or univer		college or university; or a non-profit resear	a teaching hospital the	at is owned by or has a form ed by or has a formal affilia	nal affiliation tion agreement with	
•	you have checked	with your State to di	etermine if 40 CFR Pa	art 262 Subpart K is eff	ective in your state		
YNV							
	See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:  [ ] a. College or University						
		•	by or has a formal wr	itten affiliation agraces	ent with a college or univers		
	c. Non-profit In	stitute that is owned	by or has a formal wr	itten affiliation agreem	ent with a college or univers ent with a college or univers	ity	
						жу	
YNV	Withdrawing from	ກ 40 CFR Part 262 : 	Subpart K for the man	agement of hazardous	wastes in laboratories		
11. Descrip	tion of Hazardous '	Waste			-		
•	odes for Federally List them in the orare needed.	Regulated Hazardorder they are present	ous Wastes. Please ted in the regulations	list the waste codes of (e.g., D001, D003, F00	the Federal hazardous was 7, U112). Use an additiona	tes handled at I page if more	
D001							
D007							
D035		-					
F002							
		·					
				,			
<del></del>							
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	odes for State-Regi s wastes handled al e needed.	ulated (i.e., non-Fed your site. List them	deral) Hazardous Wa in the order they are	stes. Please list the v presented in the regul	vaste codes of the State-Re ations. Use an additional pa	gulated age if more	
<u> </u>							
						-	

EPA ID Number		OMB#: 2050-0024; Expires 12/31/2014
12. Notification of Hazardous Secondary Ma	terial (HSM) Activity	
secondary material under 40 CFR	8 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24	nanaging, or will stop managing hazardous ), or (25)? ification for Managing Hazardous Secondary
13. Comments	,	
. Comments		
on my inquiry of the person or persons who information submitted is, to the best of my kr	re that qualified personnel properly gather manage the system, or those persons dire nowledge and belief, true, accurate, and c sluding the possibility of fines and imprisor	ere prepared under my direction or supervision in and evaluate the information submitted. Based ectly responsible for gathering the information, the complete. I am aware that there are significant nament for knowing violations. For the RCRA ee 40 CFR 270.10(b) and 270.11).
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or prin	nt) Date Signed (mm/dd/yyyy)
* mad	Mark Haggard, VP of Operations	mod 6/9/2014